

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2015 JUL 16 AM 11:47

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

SUNRISE MEDICAL (45) LLC POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

16899 WINCHESTER CIRCLE, SUITE 200

☐ Check if different  
than previously  
reported. (ACC)

ATTN: TREASURY

BOULDER

CO

80301-1

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00436097

3. IS THIS  
REPORT

☒

NEW  
(N)

OR

☐

AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

MM / DD / YYYY

in the  
State of

XX

(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

MM / DD / YYYY

in the  
State of

XX

5. Covering Period

01 / 01 / 2015

through

06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dustin Henry

Signature of Treasurer



Date

07 / 07 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SUNRISE MEDICAL (US) LLC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

01 ' 01 ' 2015

To:

06 ' 30 ' 2015

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand  
January 1,

2015

13400.23

- (b) Cash on Hand at  
Beginning of Reporting Period.....

13400.23

- (c) Total Receipts (from Line 19) .....

1080.00

1080.00

- (d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B) .....

14480.23

14480.23

7. Total Disbursements (from Line 31) .....

5000.00

5000.00

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)) .....

13980.23

13980.23

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SUNRISE MEDICAL (US) LLC POLITICAL COMMITTEE

Report Covering the Period:

From:

MM / DD / YYYY

To:

MM / DD / YYYY

## I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

### 11. Contributions (other than loans) From:

#### (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1020.00

1020.00

(ii) Unitemized.....

60.00

60.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1080.00

1080.00

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

1080.00

1080.00

### 12. Transfers From Affiliated/Other

Party Committees.....

### 13. All Loans Received.....

### 14. Loan Repayments Received.....

### 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

### 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

### 17. Other Federal Receipts

(Dividends, Interest, etc.).....

### 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

### 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

1080.00

1080.00

### 20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

1080.00

1080.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

## **II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	500.00	500.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	50000	50000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	50000	50000

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1,080.00	1,080.00
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15; page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SUNRISE MEDICAL (US) LLC POLITICAL COMMITTEE**

Full Name (Last, First, Middle Initial)

A. **HOSTAK, RITA**

Mailing Address

**11510 CHESTNUT HILL**

City

**MATTHEWS**

State

**NC**

Zip Code

**28105**

FEC ID number of contributing  
federal political committee.

**C00436097**

Name of Employer

**SUNRISE MEDICAL**

Occupation

**VP GOVT. RELATIONS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**600.00**

Date of Receipt

**06/22/2015**

Amount of Each Receipt this Period

**600.00**

Full Name (Last, First, Middle Initial)

B. **DORVEE, JIM**

Mailing Address

**8036 JAMES CT.**

City

**NIWOT**

State

**CO**

Zip Code

**80503**

FEC ID number of contributing  
federal political committee.

**C00436097**

Name of Employer

**SUNRISE MEDICAL**

Occupation

**SENIOR DIRECTOR IT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1200.00**

Date of Receipt

**06/22/2015**

Amount of Each Receipt this Period

**1200.00**

Full Name (Last, First, Middle Initial)

C. **JOHNSTON, DAVID**

Mailing Address

**8 BELLEVUE BLVD.**

City

**BELLAIR**

State

**FL**

Zip Code

FEC ID number of contributing  
federal political committee.

**C00436097**

Name of Employer

**SUNRISE MEDICAL**

Occupation

**AUDITOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1800.00**

Date of Receipt

**06/22/2015**

Amount of Each Receipt this Period

**1800.00**

SUBTOTAL of Receipts This Page (optional).....

**900.00**

TOTAL This Period (last page this line number only).....

**1020.00**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:			PAGE		OF
(check only one)					
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12		
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

**SUNRISE MEDICAL (US) LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. **WELLS, SCOTT**

Mailing Address

**9201 W 145TH PLACE**

City

**OVERLAND PARK**

State

**KS**

Zip Code

**66221**

FEC ID number of contributing  
federal political committee.

**CDD436097**

Name of Employer

**SUNRISE MEDICAL**

Occupation

**SALES DIRECTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**12000**

Date of Receipt

**MM / DD / YYYY**

Amount of Each Receipt this Period

**12000**

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**12000**

Date of Receipt

**MM / DD / YYYY**

Amount of Each Receipt this Period

**12000**

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**12000**

Date of Receipt

**MM / DD / YYYY**

Amount of Each Receipt this Period

**12000**

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**12000**

**12000**

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:  
 (check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SWRISE MEDICAL (US) INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Larson for Congress

Mailing Address

P.O. Box 261172

City

Hartford

State

CT

Zip Code

06126

Purpose of Disbursement

Donation

Candidate Name

John B. Larson

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

05 / 05 / 2015

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

500.00

500.00



# PAC CONTRIBUTIONS FOR JAN-DEC 2015

EMPLOYEE	2015 Total	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Source
Dorvee, James H	\$ 120.00	\$ 60.00	\$ 60.00			Payroll
Hostak, Rita	\$ 600.00	\$ 300.00	\$ 300.00			Deduction
Johnston, David	\$ 180.00	\$ 90.00	\$ 90.00			reports from
Sundry, David	\$ 60.00	\$ 30.00	\$ 30.00			Sherrie
Wells, Scott	\$ 120.00	\$ 60.00	\$ 60.00			Cifranic
<b>Total Receipts</b>	<b>\$ 1,080.00</b>	<b>\$ 540.00</b>	<b>\$ 540.00</b>			
Not deposited until Apr 2014						
Not deposited until Oct 2014						

## PAC Distributions/Donations FOR JAN-DEC 2015

	Check #	Date	Check Amt	YTD Total
No Checks Written				
Q1 Total Donations			\$ -	\$ -
No Checks Written				
Q2 Total Donations	1028	05-May-15	\$ 500.00	\$ 500.00
No Checks Written				
Q3 Total Donations			\$ -	\$ 500.00
Q3 Total Donations			\$ -	\$ 500.00

Checkbook

Checkbook

Checkbook

Checkbook

## Summary for FEC Filing by Quarter for 2015

	YTD Balance	Deposits	Checks	Ending Cash
Jan 2014 Cash	\$ 13,400.23			\$ 13,400.23
Quarter 1 Jan-Mar				\$ 13,400.23
Quarter 2 Apr-Jun		\$ 1,080.00	\$ 500.00	\$ 13,980.23
Quarter 3 Jul-Sep				\$ 13,980.23
Quarter 4 Oct-Dec				\$ 13,980.23
<b>YTD Total Cash</b>	<b>\$ 13,980.23</b>	<b>\$ 1,080.00</b>	<b>\$ 500.00</b>	

Bank Stmt.

Bank Stmt.

Bank Stmt.

Bank Stmt.

Bank Stmt.

# WellsOne® Account

■ June 1, 2015 - June 30, 2015 ■ Page 1 of 1



SUNRISE MEDICAL POLITICAL ACTION COMM  
ATTN TREASURY DEPARTMENT  
6899 WINCHESTER CIR  
BOULDER CO 80301-3507

## Questions?

Call your Customer Service Officer or Client Services  
**1-800-AT WELLS** (1-800-289-3557)  
5:00 AM TO 6:00 PM Pacific Time Monday - Friday

Online: [wellsfargo.com](http://wellsfargo.com)

Write: Wells Fargo Bank, N.A. (182)  
PO Box 63020  
San Francisco, CA 94163

## Account summary

### WellsOne® Account

Account number	Beginning balance	Total credits	Total debits	Ending balance
	\$13,440.23	\$540.00	\$0.00	\$13,980.23

## Credits

### Electronic deposits/bank credits

Effective date	Posted date	Amount	Transaction detail
	06/22	540.00	Sunrise Medical Exp Reimb 150619 93803 Sunrise Medical
		<b>\$540.00</b>	<b>Total electronic deposits/bank credits</b>
		<b>\$540.00</b>	<b>Total credits</b>

## Daily ledger balance summary

Date	Balance	Date	Balance
05/31	13,440.23	06/22	13,980.23
<b>Average daily ledger balance</b>		<b>\$13,602.23</b>	

**David Kozak  
& Adam Salina**

*Cordially invite you to a celebration in honor of*

## **Congressman John B. Larson**

*Shuttle Meadow Country Club  
51 Randecker Lane  
Berlin, CT 06037*

*Tuesday, May 5, 2015  
5:30 – 7:00pm*

**Platinum Level: \$1,000 ♦ Gold Level: \$500 ♦ Silver Level: \$250 ♦ Bronze Level: \$100**

**Please make checks payable to: Larson for Congress**

To RSVP or for more information call Geoff at 860-335-2023 or email him at [geoff@thevincigroup.com](mailto:geoff@thevincigroup.com)

Please fill out the form below and bring with your contribution to the event or mail in the form below filled out with your contribution to: P.O. Box 261172, Hartford, CT 06126

\* If you would like to contribute but can not attend please mail in a check made out to "Larson for Congress," with the completed form below to the address above.

Yes, I'll be there on May 5<sup>th</sup>. \_\_\_\_ Sorry, I can't make it, but enclosed is a contribution. \$500.00

FEDERAL LAW REQUIRES LARSON FOR CONGRESS TO USE ITS BEST EFFORTS TO COLLECT AND REPORT THE NAME, ADDRESS, OCCUPATION AND EMPLOYER'S NAME FOR INDIVIDUALS WHOSE CONTRIBUTIONS EXCEED \$200.00 IN AN ELECTION CYCLE.

Name Sunrise Medical PAC Employer \_\_\_\_\_  
Address 6899 Winchester Cir Occupation \_\_\_\_\_  
Boulder CO 80501  
Email Address \_\_\_\_\_

Contact: Rita Stanley rita.stanley@sunmed.com

Maximum individual contribution is \$2700 for the convention and \$2700 for the general election.

In addition, contributions can be made to Larson for Congress at [www.larsonforcongress.org](http://www.larsonforcongress.org) or by entering in your credit card and contact information here:

Card Number \_\_\_\_\_  
Card Expiration \_\_\_\_\_ \$ Amount \_\_\_\_\_  
Email \_\_\_\_\_  
Home Phone # \_\_\_\_\_

CONTRIBUTIONS OR GIFTS TO THE LARSON FOR CONGRESS CAMPAIGN ARE NOT DEDUCTIBLE AS A CHARITABLE CONTRIBUTION FOR FEDERAL TAX PURPOSES. CORPORATE CONTRIBUTIONS ARE NOT ACCEPTABLE.

**Paid for by Larson for Congress, Barry Feldman, Treasurer**

CH-UNITED STATES OF AMERICA

1028  
66-21/530  
BRANCH 88834

SUNRISE MEDICAL POLITICAL ACTION COMMITTEE  
2882 Fennel Avenue  
Catsburg, PA 15808  
6879 Winchester Circle  
Ste. 200  
Boulder, CO 80301

DATE May 5, 2015

PAY TO THE ORDER OF Larson for Congress \$ 500.00  
Five Hundred Dollars and 00/100 DOLLARS

 **WACHOVIA**  
Wachovia Bank, N.A.  
wachovia.com

FOR Contribution 

STX 345

Insert shipping documents  
under window from the top



317

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

☐ USPS First Class Mail Postmarked Date of Receipt

☐ USPS Registered/Certified Postmarked (R/C)

☐ USPS Priority Mail Postmarked

☐ USPS Priority Mail Express Postmarked

☐ Postmark Illegible

☐ No Postmark


☒ Overnight Delivery Service (Specify): **UPS** Shipping Date  
**7/15/15**  
Next Business Day Delivery ☒

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked

  
PREPARER  
(3/2015)

**7/16/15**  
DATE PREPARED

2015-07-16 10:00:00